Periscope

Deutsche Zeitschrift für Nervenheilkunde.

(Band 27, Heft 5 u. 6.)

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22. Investigations Upon the Nature of the Reflex Hyperesthesias Occurring in Disease of the Organs. PETRÉN and CARLSTRÖM.

17. *Progressive Facial Hemiatrophy.*—Hitherto 170 cases of progressive facial hemiatrophy have been published. Autopsies have been performed on only six, and of these, five apparently indicated the existence either of severe complications or of other conditions. The case reported was that of a woman who, at the age of 14 years, had had a discharge from the right ear. At the age of twenty-two she began to have pains in the head, and the atrophy of the left side of the face began. Twelve years before death Nothnagel demonstrated her as a case of progressive facial hemiatrophy. The examination showed loss of fat and muscle, and atrophy of the bones on the left side, with preservation of the hair, sensation and vision on that side. She also suffered from pulmonary tuberculosis, from which she died. The histological examination of the brain and cord was negative. Aside from the atrophic tissues definite changes were not found in the other organs. The left Gasserian ganglion showed a variety of changes, particularly focal areas of round-cell infiltration, with some proliferation of connective tissue. Changes indicating chronic neuritis were also found in some of the branches of the fifth nerve. The sympathetic nervous system was not abnormal. The muscles affected were those supplied by the left motor root of the fifth nerve. The authors believe that in all likelihood pregnancy caused an autointoxication which injured the fifth nerve on the left side.

18. *Feeding Reflex.*—Oppenheim's reflex consists of a rhythmical tasting, sucking, chewing and swallowing movements, following irritation of the lips and tongue in young children. Henneberg's hard palate reflex consists of a powerful contraction of the orbicularis oris when several vigorous strokes are made upon the hard palate. It occurs in cases of bilateral focal disease of the brain, and occasionally in cases of hemiplegia due to brain tumor. The buccal reflex of Toulouse and Vurpas consists of a pursing of the lips when a blow is struck upon the upper lip with a percussion hammer. It occurs in new-born children, in cases of anencephalia, paretic dementia, chronic alcoholism, and in idiots. Oppenheim's reflex was investigated upon a number of children. It apparently begins to disappear in the eighth month. In older children it is observed in cases of spastic diplegia, and twice in adults suffering from epileptic coma. Fürnrohr also reports some other interesting cases in which it was present either typically or atypically. The reflex is probably the result of the irritation of two special centres in the brain, one subcortical, which may be described as the true reflex center, and one in the cortex, which has

merely an inhibitory action. In regard to Henneberg's reflex, Fürnrohr found it present seven times in 124 healthy children. In 138 cases of nervous disease it was present 29 times in typical form, and 20 times atypically. Of the 29 cases, 19 were hemiplegias variously complicated, and the others presented epilepsy, multiple sclerosis, paretic dementia, encephalo-myelitis, Little's disease, infantile pseudo-bulbarparalysis, general tic, psychopathic deterioration. The histories of a number of cases are given. Frequently crossed reflex was present. Fürnrohr does not agree with Henneberg that this reflex is closely related to that of Oppenheim, but believes that it is a mucous membrane reflex whose paths are in the trigeminal and facial nerves, and is probably physiologically similar to the anal reflex. The buccal reflex occurred in 12 of 20 children during the first week of life, and of these 12 children the majority were less than five days old. It was also present in all of 28 cases of paretic dementia. It was also present in 60 of 70 cases of idiocy, or epilepsy associated with dementia. It was likewise found in cases of alcoholism, hemiplegia, pseudobulbar paralysis, Little's disease, acquired hydrocephalus, multiple sclerosis, cerebral syphilis and neurasthenia. This reflex appears to be due to some irritation of the cerebral cortex. It is probably not a true reflex action, but appears as a result of the irritation of the peripheral nerves; therefore it cannot be regarded as a true reflex.

19. *Mikropsia.*—The patient, 27 years of age, had a subjective sensation when reading that the book of paper moved away from him to an infinite distance. The type, however, remained perfectly clear, and he could continue his reading. He also suffered from dizziness in all those situations in which it is likely to occur. After a brief analysis of the case, and some discussion of the nature of the dizziness, Heilbronner concludes that, in addition to the subjective removal to a distance, with apparent diminution in the size of the object (micropsia) there may also be a subjective removal to a distance without diminution in the size of the object (porropsia) ; that both these may be combined with disturbance of the apparent position and movements of the object, and that they are probably due to some diseased condition of the cortex. These forms are to be carefully distinguished from those occurring in disturbance of accommodation. In epilepsy they may replace the epileptic attack.

20. *The Bladder in Spinal Diseases.*—Berger reports two cases of men who had received severe injuries to the spinal column, and who, as the chief result thereof, suffered from involuntary dribbling of urine. In the second case there were also attacks of forcible micturition. The sensation of a full bladder was not present in either case. In regard to the nature of the lesion, it seems unlikely that we can consider this symptom as due to a traumatic neurosis. In the first case it seems likely that the fifth lumbar and the first sacral segments were involved, and possibly some of the lower sacral segments. The absence of rectal disturbance indicates that the fifth sacral segment at least was free. In the second case the lesion probably involved the cauda equina, and affected not only the fibres to the bladder, but also those to the sexual organs, but not the nerve fibres controlling the rectum. These cases seem to controvert some of the theories of Müller regarding the symptomatology of lesions of the lower portions of the spinal cord.

21. *Hemorrhage in Pons.*—Wallenberg describes a case which he diagnosed as hemorrhage from the central branch of the root artery of the right facial nerve, which had caused destruction of the right half of the pons between the sensory fifth nucleus, the trapezoid body, and the root of the abducens nerve. Subsequently the patient died of pneumonia, and a lesion was found in the right half of the pons which consisted of a cyst, evidently the result of an old hemorrhage. Posteriorly this cyst was attached to the under surface of the vermiform process of the cerebellum

which had been displaced to the right. On the ventral surface it extended as far down as the inferior olive. Anteriorly extensions from the cyst reached to the lingula cerebellae dorsi, and to just in front of the entrance of the fifth nerve ventrally. Wallenberg gives a description in great detail of the secondary degenerations which could be traced to this lesion, and a most interesting table, much too long for reproduction, in which he compares the symptoms during life with the supposed lesions which caused them, and the lesions found at the autopsy. This shows how accurate his topographical diagnosis was. He also gives for comparison the supposed lesions and those actually found. Among the most interesting results are, first, that the study of the sensory disturbance in the region of the fifth nerve makes possible a diagnosis of the location and extent of the lesion. Second, the sensation of touch does not seem to be disturbed if the spinal root of the fifth nerve is destroyed. Third, complete destruction of the motor root of the fifth nerve causes the tongue to be pushed obliquely toward the opposite side. Fourth, disturbances of sensation in the opposite side of the face suggest involvement of the formatio reticularis alba. If the dorsal trapezeoid fibers going to the dorsal olive are destroyed there is labyrinthine deafness. Fifth, loss of equilibrium after lesions of the terminations of the vestibular nerves is not necessarily restricted to the side of the lesion. Sixth, in spite of complete destruction of Deiter's nucleus, the dorsal nucleus of the eighth nerve, and of the abducens nucleus, there is not necessarily persistent conjugate deviation toward the side of the lesion. The anatomical conclusions must be read in the original.

22. *Reflex Hyperesthesia.*—Petrén and Carlström have investigated seven cases of gastric disease with the algesimeter of Thunberg. They found that hyperalgesia invariably occurred in the left upper quandrant of the stomach, and over the lower ribs on the left side. The explanation of this hyperalgesia is still indefinite, but it seems certain that it is not due to any alteration in the sensory nerves of the skin in the affected region. They suggest the theory, however, that the nerves from the skin, when they come into contact with the centripetal sympathetic fibers, are either rendered more irritable or else are distinctly inhibited. It is not known where this action takes place, but they believe that it may be either in the spinal ganglia, or in the corresponding segment of the spinal cord. They then discuss the relative likelihood of these two hypotheses. In a postscript they call attention to the great value of Thunberg's algesimeter for the determination of slight defects of the pain sense.

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Journal de Neurologie

(Vol. XI., No. 9, 1906.)

1. Notes on a Case of Progressive Muscular Atrophy. DE BUCK and DEROUBAIX.

1. *Progressive Muscular Atrophy.*—The authors call attention to the fact that while the muscular atrophies have been divided into spinal, neural and myogenic forms, facts brought out of recent years have pointed rather to the essential pathological unity of these different forms. As a contribution to the subject, they report a case very carefully studied both clinically and anatomically. The patient, a man of middle age, had always been of weak mind, and had had difficulty in using the muscles of legs and arms, which difficulty had become more pronounced. The general symptoms of the disease would place this case among the myopathies. Death occurring from exhaustion, the pathological examination showed decided changes in muscles, nerves, spinal ganglia, and in the posterior columns and nerve cells of the anterior horns of the spinal cord. These changes, which were of chronic degenerative character, are very carefully described by the authors, and their bearing upon the pathology of the muscular atrophies in general, is discussed at some length.